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CLINICAL CASES IN THE MERCY HOSPITAL, INVOLVING
OBSCURE NERVOUS AND CEREBRAL SYMPTOMS, AND
CONSTITUTING THE SUBJECT OF A CLINIC BY PROF.
N. S. DAVIS.

CASE I.—R. M—, a native of Ireland, aged forty-seven years; married; medium size, well-proportioned, and accustomed to work in the stone-quarries for the last fifteen years; was admitted into the medical wards of the hospital yesterday.

History.—He states that while at his accustomed work in the stone-quarry, during a hot day in summer, fourteen years since, he had a partial *sunstroke*, sufficient to nearly interrupt consciousness for a few hours. He recovered sufficiently to resume his work in a few days, but there has remained a numbness and a sense of tightness in the scalp over the top of the head, ever since. He describes it as a feeling that prompts him to frequently rub the scalp and pull the hair, and inspection shows that along the sagittal suture, from the anterior

to the posterior fontanelle, the hair looks worn off and the skin thickened by long-continued rubbing. With the exception of a few attacks of ague his general health continued sufficiently good to enable him to follow his laborious occupation with little or no interruption until within the last year.

About one year since he began to feel a sense of heat and burning in the scalp over the top of his head, with occasional sudden shocks, like slight electric currents, through the face and head. During the last three months this burning in his head has become constant, and his appetite and strength have steadily declined.

Present Condition.—Expression of countenance anxious and careworn; lips dry; pupils small; skin generally rather dry and harsh;

tongue thin, a little red at the tip and edges, with a thick whitish coat over the upper surface; pulse 90 per minute and soft; body temperature 100° F.; urine scanty and rather red; bowels inactive; some thirst but no appetite; respiratory movements variable but not hurried; no cardiac or respiratory sounds of an unnatural character; and walks like one afraid of falling. He now complains constantly of a terrible burning pain in the top of his head; burning sensations in the front part of his legs, below the knees, especially at night; some muscular twitchings; inability to sleep; and once or twice each day he gets a violent shock which he says "knocks him down entirely." He describes this shock as a *rush* from his chest upward through his neck and face to the top of his head, accompanied by a partial suspension of consciousness, compelling him to lie down immediately or fall. He claims not to lose his consciousness entirely, nor to have any well-marked spasmodic action of the voluntary muscles. The severe symptoms of shock last but a few moments, but he remains weak, timid, and complaining severely of the pain in his head three or four hours. I cannot learn that these paroxysms are preceded or accompanied by any indications of chilliness, or that they come at any regular hours, although he says they are most frequent in the mornings and evenings.

Pathology.—What are the pathological conditions involved in this case? That the assimilative, excretory, and nervous functions are in a morbid or generally disturbed condition, is very evident; yet neither the state of the circulation nor the temperature of the patient indicate any form of idio-

pathic fever. It is probable that the loss of appetite, the coated tongue, the general tardiness of secretion, have resulted from the long-continued and increasing disturbance of the nervous functions, and the consequent mental anxiety and want of sleep. But what is the nature of the nervous derangement from which he suffers? Do those derangements depend upon disease within the cranium; and if so, what is the nature of such disease? The numbness, or anæsthetic condition of the top of his head, continuing since the partial sunstroke fourteen years since; the very gradual manner in which all his present symptoms have been developing during the past year, as well as the character of the present symptoms, incline me to think there is some important change in the condition of some portion of the cerebral mass. It is probable that certain parts of the brain have been morbidly excitable since the first severe effects of the high temperature fourteen years since; and that such morbid excitability has been gradually modifying the nutrition, as well as steadiness of functional action, until during the last few months it has developed almost constant morbid sensations in his head, with paroxysms steadily increasing in frequency and approximating more nearly to the character of epilepsy.

Prognosis.—If we have rightly apprehended the nature of his case the prospect of his recovery is not good.

It is probable that the long-continued morbid sensitiveness has led to more or less molecular or structural change in the superior part of the hemispheres of the cerebrum. And yet, it may be that the more recently established burning sensations in the

top of the head, and in the legs, with the muscular twitchings and more violent shocks, as well as the marked general derangement of the secretions, are owing to the supervention of a low grade of inflammatory action in the brain, which might be overcome by judicious and persistent treatment. One of the most discouraging symptoms is the timid, almost childish condition of the patient's mind. It not only adds to the probability of structural lesion, but it constitutes a great obstacle in the way of securing regularity and persistence in carrying out either hygienic or medical treatment.

Treatment.—To remove, as far as possible, everything that might act unfavorably on the nervous centres, the patient was directed to have a diet consisting of milk, farinaceous articles, and fruit: carefully avoiding all meat and drinks of an exhilarating character, such as tea, coffee, and all fermented and distilled drinks containing any proportion of alcohol. To correct the secretions, allay nervous excitability, and check the tendency to epileptiform shocks or paroxysms, the following prescription was ordered for the patient:

R	Bromide Sodium,	3 vi.
	Iodide "	3 iij.
	Bi-Chloride Hydrarg.,	gr. i.
	Fl. Ext. Con.,	3 ss.
	Tinct. Digitalis,	3 i.
	Syrup. Prunus. Virg.,	3 iiiss.

Mix. Give 1 teaspoonful before each meal, and at bedtime, in a little water.

In further illustration of the effects of high temperature, or partial sun-stroke, in producing protracted functional disturbance, the lecturer related the following case:

CASE II.—A laborer, aged twenty-two years, native of Ireland. While engaged in out-door work, in July,

1870, was exposed to the direct rays of the sun on an unusually hot day. The heat produced sufficient effect to cause sudden prostration, with partial loss of consciousness, from which he said he soon recovered so far as to be able to get up and go about the house. But he remained weak; easily excited, timid in feeling, and wholly incapable of exposing himself to the direct rays of the sun without immediately inducing such a feeling of tremulousness or agitation and giddiness, as to impress him with the idea that he would fall unconscious. Nearly two years had elapsed after the attack when the lecturer was first called to the patient. He was sitting in his room with a soft wool hat drawn over his head; his face pale; expression sad and anxious; pulse soft, quick, and 90 per minute; respiration quiet and slow when undisturbed, but short and hurried when making any exertion; temperature natural; urine free; tongue clear; bowels slightly constive and appetite variable, with some impairment of digestion. He complained of muscular weakness and great weariness from slight exertion, but was free from pain and comfortable while quiet and in the shade. If the rays of the sun were allowed to strike him, however, he immediately became excited, complained of very strange and distressing feelings in his head, looked pale, breathed as if tired, and insisted that he would fall over or lose consciousness. And no persuasion or assurances could induce him to venture out uncovered while the sun was shining. His sleep at night was unrefreshing and often disturbed by dreams. He had done no work since his first attack, and had suffered but little loss of flesh.

This case presented no numbness, no nervous or muscular twitchings, and except the pale, anxious and timid expression of countenance, looked as though he might step out and go to his work.

He had consulted several physicians, and claimed to have taken a variety of tonics and stimulants, with little or no benefit. Acting upon the idea that high temperature increases the susceptibility or inherent excitability, and diminishes the affinity of the organic atoms or cells for each other, and regarding the present condition of this disturbed condition of the elementary properties of the cerebral mass, a plan of treatment was adopted, having special reference to the allaying of such morbid susceptibility and the restoration of a healthier degree of tonicity. He was put on a plain nutritious diet; tea, coffee, tobacco, and all alcoholic exhilarants were prohibited, and the following medicines directed to be taken steadily for three or four weeks:

R	Tinct. Digitalis,	℥ j.
	Fl. Ext. Scutellaria,	℥ ii.
	" Conium,	℥ ss.
	Syrup Prunus. Virg.	℥ ss.
	Bromide Potassium,	℥ iv.

Mix. Take 1 teaspoonful before each meal, and at bedtime. Also

R	Oxide of Zinc,	℥ jss.
	Ergotin,	30 grs.
	Ext. Cannabis Ind.	15 grs.

Mix. Divide into 40 pills. Take one pill half an hour after breakfast and dinner each day.

Wishing to gain also the invigorating effects of mental courage, hope, and cheerfulness, he received the most positive assurances that he would get well, and that he must not fail to go out-door some every day.

This last part of the programme was by far the most difficult of execution; and it was not until three or four weeks had elapsed under reiterated assurances that he gained sufficient courage and steadiness to venture out with any degree of freedom. He finally recovered, however, and when last heard from had resumed his ordinary work. Two or three other cases of less severity, arising from the same cause, were alluded to as having come under the lecturer's observation during the past year. They were treated on the same principles with satisfactory results, special attention having been given in each case to mental courage and confidence.

ACCIDENTAL NEPHROTOMY.—The *Wiener Med. Woch.* states that a man of twenty-five, having been stabbed in the left renal region, a fleshy tumor was extruded through the wound by the act of coughing. This was found to be the kidney, which was eventually removed after a double ligature had been applied to the pedicle. The man did well.—*London Lancet.*

"THE PARIS MEDICAL RECORD" is the title of a new venture in medi-

cal journalism. The editor states his conviction that, "notwithstanding the great number of medical periodicals in existence, the thirst for knowledge is so intense that the supply is still far short of the demand." Hence this very promising bi-monthly review of the progress of medicine. The journal is published in Paris in the English language, and the initial number is made up mainly of translations of lectures and other contributions to medical science by Paris professors.

Clinical Reports.

CLINICAL LECTURE IN THE OPHTHALMIC DEPARTMENT OF THE COOK CO. HOSPITAL.

By F. C. HOTZ, M.D.

Reported by F. C. Winslow, M. D., Assistant Physician.

GENTLEMEN: The first case we examine to-day is Hordeolum, or sty. This affection is an inflammation of one of the Meibomian glands, or of the tissues at the roots of the cilia, and is likely to occur in persons of all ages. It begins by a sense of heat in the lid, which soon becomes the seat of swelling and pain. A careful examination shows some particular point of the lid to be the seat of the pain, and at this place we find an irregular hardened nodule, which marks the position of the sty. By these signs we differentiate the disease under consideration from others which may be complicated with œdema of the lid.

These symptoms are followed in a few days by suppuration.

The treatment consists in the application of warm fomentations, and, as soon as the pus shows any tendency to point, the tumor is freely opened, the contents evacuated, and a simple dressing of lint, saturated with warm water, applied for a day or so, by which time it will usually be found to have disappeared.

CASE II, aged——This patient presents herself for treatment, giving the following history: Several months ago she received treatment for granular conjunctivitis, and improved to

such an extent that she discontinued treatment. She says that a few days since she began to experience great pain in the head, both in the frontal and occipital region. This was accompanied by considerable febrile excitement, loss of appetite, and inability to sleep. The lids became swollen and there was a copious secretion of tears. In addition to this there is manifested great intolerance of light, the patient, as you see, constantly resorting to some means of shading the eye. The left lid is still red and tumefied, and if we examine the eye we find the conjunctiva highly congested, and exhibiting at the margin of the cornea the red zone of engorged vessels, which is characteristic of acute inflammation of the cornea and iris.

In the center of the cornea you notice an irregular yellow opacity, the surface of which is slightly elevated above the neighboring portion of the cornea. Its margin is well defined against the surrounding cloudy corneal tissue. This yellow opacity is a purulent infiltration of the cornea. The crescentic yellow opacity which you notice beneath is not in the cornea, but indicates a collection of pus in the anterior chamber—a condition known as hypopyon.

The pupil was contracted but is

now slowly expanding, owing to the action of the atropine we have dropped into the eye.

The case is one of suppurative keratitis, complicated by iritis.

The affection, owing to its frequent complication of pus in the anterior chamber, is often called hypopyon keratitis.

The disease is due to a variety of causes. It may be of traumatic origin, or may follow long-continued irritation, but it is most likely to occur in persons of a scrofulous diathesis, and as a result of malnutrition.

The symptoms are those given in the history of the case before us: Deep-seated pain, intolerance of light, profuse lachrymation, swelling of the lids, dense vascularization around the cornea, yellow infiltration of a portion of the cornea, loss of sleep, and more or less febrile excitement. On the supervention of iritis we find, in addition to the above, contraction of the pupil and hypopyon.

It is impossible for us to be too guarded in our prognosis of this affection. The result depends largely upon the state of the cornea at the time of making the examination. If we find the suppuration so intense as to cause extensive destruction, we can, of course, give no encouragement to hope for a favorable result. But even in the best cases a permanent opacity will remain in the cornea, and if it be in the centre will impair the sight materially.

In the treatment of suppurative keratitis we enjoin strict rest for the affected organ. We secure this by means of the bandage, and it is necessary to exercise good judgment in the application of this simple agent, for unskillfully used it becomes a

source of irritation instead of benefit. It is necessary to fill up the space between the eyebrow and nose with loose slips of cotton, which by a uniform pressure, restrain all movements of the lids over the inflamed cornea. Under the bandage we place a few layers of lint, saturated with warm water. This acts in the ordinary manner of a warm fomentation, which we like to use for all purulent inflammations. An aqueous solution of atrop. sulph. gr. ij. to \mathfrak{z} j., should be freely used in the eye, where by its local sedative action it relieves the severe pain, thus contributing to the comfort of the patient. Its main object however is to combat the supervening iritis and keep the pupillary margin of the iris away from the affected part of the cornea.

The eye should be frequently examined, carefully illuminating the cornea for this purpose. As long as the margin marking the suppuration is well defined, thick and opaque, it indicates that the inflammation still continues, while on the other hand, when the margin loses its distinct outline, and the edges change from an opaque yellow to a semi-transparent gray color, it shows that the violence of the disease is abated, and the reparative stage has begun. As soon as this condition presents itself the indications for treatment are entirely different. We now hasten to evacuate the collection of pus externally, because if left to itself it might cause a perforation into the anterior chamber, followed by the sudden discharge of the aqueous humor, and the protrusion through the orifice of a portion of the iris. If, as in this case, the abscess is superficial, we merely open the anterior wall, while if it is

deeply seated we perform paracentesis of the cornea, through the centre of the abscess, and thus allow the aqueous humor to escape slowly, and in its passage thoroughly washing out the pus contained in the abscess. To perform this operation you select a narrow

double-edged needle, and gently introduce it through the centre of the abscess into the anterior chamber.

The subsequent treatment is simple. We maintain the organ at rest, and this, with the occasional use of the atropine, is all that is necessary.

Translations.

PROGRESS OF MEDICAL SCIENCE IN GERMANY.

BY EDMUND J. DOERING, M.D.

- I. ETIOLOGY OF DIABETES MELLITUS, BY DR. R. SCHMITZ (*Berlin Klinische Wochenschrift*, No. 44, 1874). II. TREATMENT OF WHOOPING-COUGH, BY DR. WILDE (*Deutsches Archiv f. Klin. Med.*, 15 Bd., 2 Heft).

I.

DURING the past six years 104 patients, suffering with diabetes mellitus, have been under our care. Of this number 77 were males and 27 females. The following table classifies them according to age:

AGE.	NO. OF CASES.
Under 10 years	1
Between 10 and 20 years	8
" 20 and 30 years	9
" 30 and 40 years	16
" 40 and 50 years	16
" 50 and 60 years	38
" 60 and 70 years	12
" 70 and 80 years	4
Total	104

In 45 patients various nervous disturbances were the exciting cause of the disease, viz.: In 15 patients mental anxiety; in 8 severe pain from injuries; in 7 serious affections of the

central nervous system; in 7 excessive mental exertion; in 3 sudden fright; in 3 masturbation, and, finally, in 2 patients, great nervous excitement, due to pruritus pudendi. In 20 patients the disease evidently originated from immoderate use of sugar; in 7 from general exhaustion following serious diseases, *i. e.*, heart disease, syphilis, and amyloid degeneration of the liver and kidneys (with albuminuria in four cases). In the remaining 32 patients the exciting causes of the disease were obscure. Albuminuria constituted a complication in 12 patients out of the total number. Now the great majority of these exciting causes we meet with daily in many persons, yet but few proportionately are affected with diabetes.

To explain why violent emotion

should produce diabetes in one person and still not affect in the slightest the health of many others, we are compelled to accept the existence of a hereditary predisposition, which, in combination with one of the many exciting causes mentioned, will produce diabetes. Whether this predisposition to diabetes can also be acquired, we are unable to state, but certainly in the great majority of cases it is hereditary. In proof of this assertion we may mention that in 22 cases out of the 104 we were able to prove the existence of a hereditary predisposition beyond a doubt, and this number would be greatly increased if we should add the doubtful cases. But, notwithstanding this predisposition, it still requires an exciting cause in combination therewith to produce diabetes, as the following cases will illustrate:

Mr. F—, fifty-seven years of age; his father died of diabetes mellitus; his mother and his brother and sisters are still living and in good health. The patient was formerly healthy and got married early in life. He had five children, of whom four are living and enjoying good health; one child, his only daughter, committed suicide during an attack of melancholia. The sudden news of his daughter's death nearly ruined his health. He suffered with icterus, gastric and intestinal catarrh; his condition improved some but he never regained his former health. Later he became emaciated, lost all desire to work, complained of thirst and diuresis, and an examination of the urine in May, 1870 (about four weeks after the death of his daughter) showed the same to contain 5 per cent. of sugar.

The patient came under our care in

June, 1870. He looks sleepy and apathetic, gait unsteady. Face red, skin dry and flabby. Muscles atrophied, as well as the adipose tissue. Tongue dry and coated. Pulse 96, weak and thready. Temperature normal. Physical examination of the thorax and abdomen reveals nothing abnormal. Patient complains of great weakness, thirst and hunger. Vision defective (disturbance of accommodative power). Urine yellow, acid; daily quantity 44 oz.; specific gravity of the urine passed during the day 1038, 4 per cent. of sugar; specific gravity of the urine passed during the night 1038, 4 per cent. of sugar, no albumen.

Mr. F—, Jr., twenty-six years of age; son of the above-named gentleman; formerly healthy. In Sept., 1871 he fractured his left leg by a fall from his horse. During the first eight days after the accident he suffered terrible pain, and six days later the subjective symptoms of diabetes appeared; the urine was found to contain 6 per cent. of sugar. Strict diet and the use of opium and alkalies greatly improved his condition, and reduced the quantity of sugar to 0.5 per cent.

In the beginning of June, 1872, we took charge of the case. The patient is of slender stature, but has not the usual appearance of a diabetic. Skin is not dry, adipose tissue still abundant. Muscles not much atrophied. Some fœtor ex ore. Pulse 72, feeble. Complains of weakness, but suffers only at times with thirst and diuresis. Appetite not excessive. Physical examination gives only negative results. Urine of a light straw color, slightly acid; specific gravity of the urine of the day, 1025, 1 per

cent. of sugar; specific gravity of the urine of the night, 1020, 0.4 per cent. of sugar; no albumen.

These two cases are of interest, showing that although the father of the first patient, and the grandfather and father of the second were diabetics, the first patient remained well until his 57th year; the second until his 26th year, proving that notwithstanding the hereditary predisposition it required a considerable nervous shock in both cases to cause the appearance of the disease.

Mrs. L.—, fifty-three years of age; mother of four children, all living, but who are weak and delicate. The mother and two sisters of the patient died of diabetes, and a brother and sister are likewise diabetics. Until fall of 1871 the patient enjoyed good health, with the exception of occasional attacks of diarrhœa. About this time she was attacked with a severe form of pruritus pudendi, which tormented the patient so severely that for eight months she was unable to sleep. The want of sleep, the continual pain and restlessness, finally got the patient in a state of excitement bordering on insanity, in consequence of which, during the spring of 1872, the subjective symptoms of diabetes appeared, and the urine was found to contain sugar.

We first saw the patient the 13th of June, 1872. She looks sleepy and worn out. Face red, skin dry, adipose tissue still abundant. Tongue dry, coated; fœtor ex ore. Pulse 104, weak. Temperature normal. Slight dullness over the fossa supraspinata sinistra, with prolonged expiration. Sounds of the heart distinct but somewhat feeble. Liver and spleen normal. Patient complains of

thirst and diuresis during the night, with a feeling of weakness and depression. Vision defective. Pruritus considerably improved. Urine straw colored, slightly acid; daily quantity, 56 oz.; specific gravity of the urine passed during the night, 1024, 1.8 per cent. of sugar; no albumen.

June 18th.—Patient very much excited, having suffered again intensely from the pruritis, preventing her from sleeping for several nights; besides, has been taken with sharp diarrhœa. Examination of the external genital organs shows a few excoriated patches from the scratching of the parts. Ordered large doses of opium and valerian.

June 19th.—No diarrhœa. Slept some last night. Pruritis somewhat better. Ordered opium and bromide of potassium. The quantity of urine passed during the last twenty-four hours amounts to 92 oz.; specific gravity of the urine of the day, 1032, 4.3 per cent. of sugar; specific gravity of the urine of the night, 1028, 3.8 per cent. of sugar.

June 20th.—Had a quiet night. No return of the diarrhœa. Pruritus improving. Continue the treatment.

June 21st.—General improvement. Quantity of urine for last 24 hours, 56 oz.; specific gravity of the urine of the day, 1026, 2 per cent of sugar; specific gravity of the urine of the night, 1023, 1 per cent. of sugar.

June 22nd.—Improvement continues. No pruritus.

June 23rd.—No pruritus. Quantity of urine for last twenty-four hours, 50 oz.; specific gravity of the urine of the day, 1025, 1.8 per cent. of sugar; specific gravity of the urine of the night, 1021, 0.2 per cent of sugar.

June 24th.—No pruritus. General condition unchanged.

June 25th.—No pruritus. Specific gravity of the urine of the day, 1022, 0.8 per cent. of sugar; specific gravity of the urine of the night, 1021, 0.3 per cent. of sugar.

Patient returned home.

Six weeks later she returned and we again observed that whenever she was troubled with pruritus the quantity of sugar in the urine increased. The most interesting points in this case are the following: The mother and four brothers and sisters of the patient were diabetics. She herself remained healthy until her 50th year. Then she is attacked with pruritus, which by its extreme irritation brings the patient in a condition bordering on insanity. Now the first symptoms of diabetes occur, increasing and diminishing in intensity according to the occurrence and subsidence of the pruritus. Therefore, also in this case, two causes were required to produce diabetes, viz.: hereditary predisposition and pruritus.

Mr. M—, fifty years of age; was severely frightened by a fall in March, 1872. Although he did not sustain any severe injury he nevertheless felt unwell from that moment, became emaciated, lost all desire to work, and his sight became defective. To these symptoms others were gradually added, as thirst, diuresis, etc., which led, in Feb., 1873, to an examination of the urine, which was found to contain sugar. Strict diet and the use of lactic acid produced a great amelioration of the symptoms.

In June, 1873, the patient came under our care. He appears still somewhat robust and healthy. Face has a bronze color. Adipose tissue

scarce. Muscular system still considerably developed. Temperature normal. Tongue moderately dry, coated. Patient complains of thirst and a feeling of lassitude. Vision has improved considerably. Physical examination elicits nothing abnormal. Urine slightly acid, of a light straw color; daily quantity, 48 oz.; specific gravity of the urine of the day, 1020, 0.3 per cent. of sugar; specific gravity of the urine of the night, 1019, only traces of sugar; no albumen. The quantity of sugar soon diminished and the general condition of the patient was considerably improved. In Oct., 1873, the patient informed us that he was entirely free from symptoms of diabetes, but that now his son, sixteen years of age, was affected with the same disease, occurring during the convalescence from a severe attack of typhoid fever. Although we could not ascertain with certainty whether the parents or relatives of Mr. M— were diabetics, nevertheless it is evident that a hereditary predisposition existed also in these cases, from the fact that diabetes occurred in the son, who was born long before his father became diabetic. Furthermore, the history clearly shows that it required in both cases an exciting cause, in conjunction with the predisposition, to produce diabetes.

Mr. K—, formerly healthy. His father died of typhoid fever, his mother is suffering with rheumatic gout. His aunt, sister and niece died of diabetes, and a brother still living is likewise diabetic. The patient took charge of his father's business seven years ago, and has been very active since. He worked for twelve hours daily, and never took any recre-

ation. For the last few years business cares have kept the patient in a constant state of excitement. Toward the end of last year he gradually became indifferent to business, losing his interest in work. He became emaciated; then complained of thirst, diuresis, great lassitude, and loss of sexual power. The urine was examined in Jan., 1874, and found to contain a large quantity of sugar.

On the 26th of April the patient was placed under our care. Status præsens: Patient is twenty-eight years of age. Face moderately reddened, expression sleepy. Skin dry and flabby. Adipose tissue very scarce. Muscular system still well developed. Tongue dry and coated. Pulse 105, not very weak. Temperature normal. Complains of great thirst, increasing weakness, impotence and diuresis. Slight dullness and prolonged expiration in the fossa infravicularis sinistra; nothing else abnormal. Weight of the patient 130 pounds. Urine of the day light yellow, turbid, slightly acid; specific gravity, 1030, 1.5 per cent. of sugar; no albumen. Urine of the night the same. Daily quantity, 94 oz. The

history of this case also demonstrates the combination of a hereditary predisposition with an exciting cause, *i. e.*, excessive mental labor, in producing diabetes mellitus.

That a hereditary predisposition exists in diabetes mellitus, has been generally accepted, but it has not been regarded as important as we are persuaded it is. We therefore hope that our article may have contributed something additional to the knowledge of the etiology of this disease.

II.

Dr. Wilde claims that he can cure every case of whooping-cough within eight days, by the following mode of treatment:

The patient should be kept in-door to avoid exposure to cold. Then, at the commencement of every paroxysm, a teaspoonful of the following mixture:

R	Chloroformi,	f ʒ i.
	Æther Sulphur,	f ʒ ij.
•	Ol. Terebinth,	f ʒ iij

M.

is poured on a cloth and held about two inches from the mouth of the patient till the paroxysm subsides.

THE APPLICATION OF MASSAGE (*KNEADING*) AND STEAM, IN ABSCESS OF THE CORNEA.

Translated from La France Medicale, by Fred. J. Huse, M.D.

IN a recent number of the *Independencia Medica*, of Barcelona, Dr. Osio deplors the inefficiency of our therapeutics in the treatment of a large number of maladies, and he maintains that this seeming lack of means for successful medication has its origin in the fact that many very

simple and highly efficacious remedies are entirely disdained by the physician, and remain among the number of those medicines commonly called old woman's remedies.

Mackenzie mentions an alarming epidemic of ophthalmia, which broke out among the cargo and crew of the

slave-ship Rodeur, and cites the relief that was immediately afforded, upon arriving at Guadaloupe, by the topical application of lemon juice, at the suggestion of an old negro midwife. In reading this account one is at first impressed with incredulity, but regarding it more carefully, and interpreting this circumstance by the aid of well known facts, there may be found a rational explanation. Indeed, Dr. Onimus has presented a paper to the Academy of Medicine, in Paris, in which he enumerates the substances which most surely neutralize septicæmia. The most energetic of these neutralizing agents is sulphuric acid, which, even in very minute doses, destroys the virulence of depraved organic liquids. The vegetable acids possess, in a certain proportion, the antiseptic properties of the mineral acids, and hence the efficiency of the citric acid against the purulent ophthalmia may thus be readily understood.

Massage of the cornea, which every one unconsciously practices in the act of rubbing the eyes, is one of those simple, common remedies, which can be made to render valuable service. At the Ophthalmological Congress, held in London, in 1872, the celebrated Donders called attention to a practice which might, he said, appear whimsical and valueless, but which had yielded him excellent results. He advocated massage of the cornea. Subsequently Dr. Osio practiced massage of the cornea in certain ocular diseases, and invariably with most fortunate results. More recently he has combined the use of vapor of hot water with massage.

It is well known that in addition to ocular abscesses of traumatic origin

there exist others of pathological origin, and of inflammatory nature, others of diasthetic nature, and still others which have their origin in the surroundings in which the subjects live. Those ocular suppurations which depend upon lymphatic diathesis, scrofula, moist climate, etc., produce a lesion that is entirely asthenic. Slowly, without pain, without delacrymation, and almost without injection of the tissues of the eye, pus forms, penetrates the layers of the cornea, distends and ruptures its elastic posterior membrane, forms an enormous hypopyon, and partially fills the anterior chamber. It is in cases such as these that massage and steam produce most prompt and happy results.

Dr. Osio employs the following method: An apparatus charged with an infusion of camomile, is placed before the patient's eyes, which have previously been covered with a double layer of fine muslin. The apparatus should be placed at a sufficient distance that the vapor may reach the eyes at a temperature of from 90° to 100°. At the same time massage of the eye should be performed with the fingers over the muslin, rubbing it up and down, from side to side, and finally by a circular movement pressing upon the centre of the cornea.

At intervals the apparatus may be brought nearer the patient so that the eyes may for a few moments be subjected to steam of a higher temperature than that already indicated.

This vapor bath should be continued for a half or three-quarters of an hour, and during this time the massage should be repeated from eight to ten times, with a duration of from one to two minutes upon each occasion. At the termination of the

sitting a drop of a collyrium containing atropine should be used, and last of all a retentive bandage.

The general treatment should be metasyncritic and the diet generous, while to subjects seriously tainted with scrofula should be administered Van Swieten's liquor (10 grains of corrosive sublimate to 2½ pounds of brandy).

The beneficial action of this method compares favorably with those obtained by Mackenzie and Weeker, with compresses of warm water in preventing suppuration of the cornea. It may be resorted to in asthenic abscesses, as well as in ocular inflammations, for the purpose of preventing attachment or prolapse of the iris.

GLEANINGS FROM THE FRENCH.

Translated by Fred. J. Huse, M.D.

UNCIPRESSURE. — A new method for controlling traumatic hæmorrhages in certain cases where circumstances of time and place, or other considerations, may render ligation of the arteries inefficient, has been suggested by Dr. Vanzetti, of Padua, in a communication to the Surgical Society of Paris. He cites three instances in which he has made successful use of this method.

The first is that of a robust peasant, fifty years of age, who had received a cut across the back of his hand in the first intermetacarpal space. The hæmorrhage was at first controlled by a compressive bandage, but thirteen days after the accident a formidable hæmorrhage suddenly set in, and continuing for several days, in spite of the compression, the patient was brought to Dr. Vanzetti. The wound was nearly two inches in length; the hand was much swollen. The surgeon sought the artery in the centre of the suppurating wound, believed that he found it, applied ligatures, and the blood ceased to flow.

Nevertheless, not being certain that he had carried the silk around the

wounded artery, Dr. Vanzetti made use as complement of the hæmostasis, of the following method: He held down the lips of the wound by means of two hooks forced deeply into the edge of each flap, and maintained the pressure by attaching them to the bed-slats. The third day, one of the margins showing signs of returning hæmorrhage, the hook of that side was placed over the point of the appearance of the blood; the hæmorrhage then ceased. Subsequently the same accident was treated in the same manner on the other side of the wound. The hooks were removed forty hours after application and the patient recovered.

The two other cases mentioned in this article of Dr. Vanzetti, are instances of the application of hooks at the beginning of hæmorrhage. The pressure of the hook upon an artery flattens its calibre and changes the relations of the vessel with the surrounding tissues. The hooks may have different shapes and may be applied in different manners, while they should be left in position for a longer or shorter time, according to the vol-

ume of the artery. The wounded region requires to be immobilized in order to maintain the tension of the hooks upon the borders of the wound.

THE GAZETTE MEDICALE, of Bordeaux, mentions a report to the medical society of that city, by a veterinary surgeon, concerning the practice among coachmen belonging to certain well-to-do bourgeois families, of administering chloral to the horses under their care for the purpose of rendering them less restive, and accordingly more easily driven. The chloral is said to work like a charm, so that horses previously held in with the greatest difficulty, after a few days of this hyposthenic regimen, become most quiet and docile, as well as lazy and sleepy.

ACTION OF IPECAC IN DIARRHŒA.—After much careful experimentation, Dr. Polichronic has announced that ipecac serves to provoke an intense inflammation of the mucous membrane of the intestinal canal. By thus replacing the spurious phlegmasia which exists in chronic diarrhœa, ipecac promotes the speedy and spontaneous recovery of such cases.

A NEW METHOD OF EXTRACTION OF CATARACT.—Dr. R. Castorani is announced in *La France Medicale* as having lately presented to the consideration of the Parisian Academy of Sciences, a new method for the external linear extraction of cataract. The principal novelty of this method consists in the opening of the cornea, or sclerotica, to the extent of four or five lines, by a simple puncture of

a broad, curved keratotome. Iridectomy is then performed and the lens is extracted within the capsule. Dr. C. has specially adapted all the instruments necessary to the successive stages of the operation.

The principal advantage of this method consists in the easy adaptation and reunion of the margins of the wound even when all the vitreous humor has been removed. Reunion after linear puncture is much easier than after linear section, and chiefly by reason of the action of the lids in making pressure. The aqueous humor is also more completely retained by this method, for the same reason, and it is claimed that there is thus obviated any danger of interocular hæmorrhage after removal of the vitreous humor, as the continual flow of the aqueous humor fills up the ocular cavity and preserves its natural form and volume.

THE Drs. Mayencon and Bergeret have announced in *La France Medicale*, as the result of extended observations in regard to the action of arsenic and antimony upon the organisms of men and animals, the following general conclusions:

1. Arsenic is absorbed and diffused in the organism with very great promptness. Elimination through the urine takes place immediately.
2. Antimony is absorbed and diffused more slowly. Urinary elimination rarely begins on the first day.
3. Arsenic is eliminated simultaneously by the liver and kidneys, but more by the liver than by the kidneys.
4. Antimony is carried off in a much larger quantity by the liver than by the kidneys.

Editorial Department.

THE present number completes the fifteenth volume of the MEDICAL EXAMINER.

It was commenced by the present senior editor in January, 1860; and, with the exception of a month immediately following the great fire of Oct., 1871, when a printing press was not left in Chicago capable of doing the work, it has visited its patrons with regularity and reasonable promptness. It has always been the personal property of its editors, owing allegiance to no other interest or institution, and having for its great leading object the promotion of the educational and scientific interests of the profession, and direct practical aid to the practitioner at the bedside of his patient. In furtherance of the last-named object the senior editor has ever contributed freely (perhaps some would say too freely) such clinical facts and observations concerning the causes, nature, and treatment, of all the more important diseases coming before him in the ample field of both private and hospital practice, as he deemed most valuable to its readers. With these same objects steadily in view, we propose, as stated in the last preceding number, to give our readers in the volume for 1875, one hundred pages more of reading matter, presented in as good style as any medical periodical in this country.

We approach the beginning of the new year with all our arrangements for giving our readers a valuable med-

ical periodical more complete than ever before.

Let none forget that *now* is the time for renewing their subscriptions, and speaking a good word for the EXAMINER to their neighbors in the profession.

DISSECTING MATERIAL. — During the last two months quite a number of applications have come to us and to the demonstrators of anatomy in the medical colleges, asking to have *subjects* sent to them for dissection and anatomical study. These applications are prompted by the supposition that the law passed by the last legislature, legalizing the study of anatomy, would place more *subjects* at the disposal of the teachers of anatomy here than were actually needed for their own use. This is a mistake.

On careful inquiry we find the practical operation of the law, thus far, has not supplied a single subject more than was actually needed by the classes in the several medical colleges in this city. Besides, the law expressly prohibits all *traffic* in such *material*, and the faculties of our colleges are honorably pledged to the public authorities to abide strictly by the terms of the law. We would like to have all our friends in other places supplied, but cannot aid them at present.

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Society Reports.

THE AMERICAN PUBLIC HEALTH ASSOCIATION— SECOND ANNUAL SESSION.

From The Philadelphia Medical and Surgical Reporter.

THE second annual session of the American Public Health Association commenced November 11th, at 12 o'clock, in the hall of the College of Physicians, this city.

The President, Dr. Stephen Smith, made a few introductory remarks relative to the progress of the work of the association during the past year.

Prof. Henry Hartshorne then made an address of welcome, after which he read a paper on "Excessive Infant Mortality of Cities and the Means of its Prevention."

J. R. Black, M.D., of Ohio, next read a paper on "The Influence of Hereditary Defects upon the Health of the People, with suggestions in regard to Prevention and Eradication." From this paper we make the following abstract:—

He said that the doctrine may now be said to be established that organization and function are one, or that there is in the body no independent spirit or principle apart from that inherent in the various forms of organized matter. The popular exclusion of this doctrine in questions of hygiene and of ethics, or the trust reposed in addressing every reformatory effort of this kind to an abstract ethereal entity either in or above ourselves, is justly chargeable with the terrible indictment of being the main influence by which mankind have been made the most pain-stricken, the most sickly, the most frequently and fearfully deformed, and the most likely to die at an untimely period, and as malefactors in torment, and for the vindication of law, of all other animated beings.

It has caused worthy persons to believe that afflictions and sickness are

sent, not brought upon ourselves, and that while it is a binding duty to care for the sick, the deaf, the maimed, the idiotic and the insane, it is scarcely thought to be obligatory in a public or personal sense to prevent, through purely mundane instrumentalities, any or all of these evils from ever afflicting our race.

A hereditary defect may imply a disease directly transmitted, as in syphilis or scrofula; or a deformity, as in harelip, or simply tendency to some disease, as in insanity or tuberculosis. The way in which ordinary forms of hereditary defects originate is not difficult to comprehend. It is often practically demonstrated to every competent observer, especially in the large cities.

As a rule, the residents of a salubrious country district are freer from taints of blood and defects of organization than those of a city, and a removal of persons into the latter place produces an impairment in health of a transmissible quality. The digestive organs are the first of the vital harmonies to fail from bad habits of life.

If those habits be continued for a generation or two an inbred weakness of these organs will become an inheritance of the offspring. If the infringement of vital law consists of great mental strain, or in the continued and excessive use of stimulants and narcotics, some form of nervous impairment will ensue, which, if prolonged, may end in insanity or predisposition to attacks of nervous disorder.

If the syphilitic taint is engrafted upon the blood, this, with insufficient out-door exercise, and the long-con-

tinued breathing of impure house air, will be sure to give rise to pulmonary consumption.

Those who have given the laws of health any attention are aware that there are few persons who do not violate them, nor is obedience at all impracticable.

Of late the achievements of science have actually tended to produce an increase in the number of degenerate men and women, because every one does not know and act for himself in sanitary matters, but relies on the knowledge confined to a few scientists. The latter cannot manipulate health, vigor, and good constitutions into their fellow-beings.

The first and great requisite to prevent all this is knowledge of what constitutes true vigor, sympathy and health. Not a very few persons are of the opinion that these conditions are very well known to the popular mind. Observation has led to a very different conclusion. Many have gained vague ideas on the subject most frequently from those who have more vanity. A few thoroughly understand the purpose of one or more of the conditions of health, and, perhaps, attach an undue importance to them. This knowledge, to be useful, needs to be personal and thorough; no mere elementary smattering to which the mind may passively assent, but such a deep and thorough familiarity with the subject which will enforce the conviction that the alternatives of pleasure or pain, health or sickness, long lives or short ones, are, except from chances infinitesimally small, wholly in our power. Precisely that which prevents sickness will also prevent the stamping of an inherent defect upon the organization.

Dr. Richardson, of this city, at the conclusion of Dr. Black's paper, made a few remarks on the subject of hereditary disease, which he argued was the effect of a law of nature, the opposite of the "survival of the fittest," and which he had formulated three years ago as the "extinction of the unfit."

Dr. Samuel Osgood, of New York,

spoke of the hereditary tendencies in the disposition of children which he had noticed in his pastoral duties. He had asked whether hereditary tendencies were easier to check than those of a personal origin, and was glad to hear that they were. As to the survival of the fittest, he contended that that was not always the case. The worst men and brutes frequently outlived the best of their fellows.

A paper on "The Health of the Tenement Populations and the Sanitary requirements of their Dwellings," by Edward H. Janes, M.D., of New York, was next read by the secretary, as Dr. Janes was not present.

The next paper was a report upon the death-rate of each sex in Michigan, and comparison with "Dr. Farr's Life Tables of Healthy Districts of England," by H. B. Baker, M.D., secretary of the State Board of Health.

Dr. J. S. Billings presented a paper on hospital location and construction, from which we make the following extract:—

Experience has shown that large and costly hospitals, even on the pavilion plan, are not necessarily free from the evils indicated by the word "hospitalism;" and practical trial, in our late war, repeated and confirmed more recently in Europe, has led to the recommendation that hospitals should be temporary wooden structures, intended to last but ten or twelve years. The good results obtained in our large military hospitals were not alone due to their temporary character, for the morbid element due to length of occupation did not have time to develop in them. They were better located than civil hospitals, being in the country, where there was plenty of room and fresh air. The class of patients was better, the control over them more efficient, and they were more readily classified than in civil life, thus lessening the evil (to which I shall presently refer) of placing a number of men in one room, with different diseases and wants.

When cases of zymotic disease occurred, tents were largely used, and the more they were employed the bet-

ter the result. In an economical point of view it is evident that if one-half the money required for brick or stone structures was used to erect plain balloon-frame wooden buildings, and the other half invested at ordinary rate of interest, at the end of about twelve years the amount on hand would be what it was in the beginning, the old buildings could be removed, and the process repeated, thus giving a new hospital every twelve years. The necessary buildings for the care of two hundred patients should be constructed for about \$50,000. The smaller the number of patients the greater the cost per bed. Thus a hospital for one hundred patients will cost about \$35,00, for fifty patients \$12,000, etc. Our large metropolitan hospitals usually are, and should be, connected with medical schools, and, on account of accessibility, it is generally considered necessary to place them in or very near the city, where space is limited and costly. Dr. Billings doubts very much whether this supposed necessity exists, and whether it would not be possible to place hospitals five or ten miles away from the city, where they could have ample space, and place the medical colleges with them.

The paper also states many special advantages which pertain to floating hospitals, a class of structure of which more use could be made. It is suggested that a floating hospital might be constructed on flat-bottomed boats, radiating from a central triangle or polygon. Such a hospital could most conveniently be arranged for three hundred beds or less, and where space can be more conveniently obtained on water than on land would serve an excellent purpose, but the temporary character of the structure must be insisted on.

Two valuable papers, one on the "Sanitary Relations of Hospitals," by William Pepper, M.D., the other on "Hospital Architecture, and the Perfect Ventilation of Hospital Wards," by Carl Pfeiffer, of New York, were next read, and, together with all the preceding papers, refer-

red to the Committee on Publication. The last hour of the afternoon session was passed in a conference of sanitary officers and others upon methods and experience in the public health service.

EVENING SESSION.

The evening session opened at half-past seven o'clock with a large attendance. A fair proportion of the audience were ladies. Hon. Morton Mc Michael presided, and introduced the exercises of the evening with an address. At the conclusion of the honorable gentleman's address, Rev. Samuel Osgood, D.D., was introduced, and delivered a discourse on "The Relations of Health and Higher Culture."

The speaker, after noting the difference between modern society and the society of the ancients, said that the demands upon us had increased until we were in danger, as a race, of becoming nervous, sickly and discontented. Health, he continued, was a part of higher culture, for without a sound body there could not be a sound mind. If life was the continuous adjustment of outward and inner relations, then health could only be obtained by a patient study and religious following of nature's laws. Whatever might be the aspirations of the soul, our knowledge must come through the senses, but unless the senses were perfect in action and thoroughly trained, the mind could not be advanced. Reference was then made to the bad methods of cooking food in this country. He said our vices and follies come in great part from what goes into the mouth. The cannon and the sword had at times done terrible work, but the pipe and the bottle, the cigar box and the whisky cask, were likely to beat them both.

Prof. S. D. Gross, M.D., then read an elaborate discourse upon "The Factors of Disease and Death after Injuries, Parturition, and Surgical Operations," a paper on hospitals in their relations to public health interests, and the economy of perfect care

of the sick and hurt. In his treatment of the subjects, Dr. Gross particularly dwelt upon the necessity of employing the most scrupulous neatness in all surgical operations. In speaking of the effects of bad drainage, mention was made of the appalling epidemics which raged for a time in a ladies' school at Pittsfield, Mass., and later at a hotel in Washington. The poisons of infectious and cutaneous diseases were next treated. The speaker related many instances in which the poisons of various diseases were communicated from person to person in an almost unaccountable manner. The specific poisons of cholera, diphtheria, small-pox, scarlatina, were referred to as particularly tenacious and potent. The average mortality from zymotic diseases was $26\frac{1}{2}$ per cent. of all deaths.

In treating of hospitals the Doctor said very plainly that the mortality in most of them was frightful. The Episcopal Hospital and the Hospital of the University of Pennsylvania were referred to as well planned. He said, however, that no single ward should have more than six or eight beds, and no hospital should accommodate more than one hundred patients. The Doctor referred in warm terms to the necessity of erecting convalescent hospitals, where patients who had passed the crisis of disease could recover their strength without danger of infection from persons afflicted with other diseases. The discourse concluded with a graphic description of the condition of the tenement districts of great cities and the means whereby they might be renovated.

On motion, a vote of thanks was unanimously tendered to Rev. Samuel Osgood, D.D., and Dr. Gross, for the interest they had afforded.

The association then adjourned.

SECOND DAY.

The association convened at nine o'clock. President Stephen Smith, M.D., occupied the chair; Dr. E. Harris, secretary. The first paper presented was on the subject of

"Building Ground in its Relation to Health and Disease," by Ezra M. Hunt, M.D., President of the Sanitary Commission of New Jersey. It states that the condition of the ground has very much to do with all questions of health. The character of the soil, the degree to which it can dispose of all that comes in contact with it, whether in the form of gases of animal or vegetable decay, or of pure and impure liquids, all have intrinsic and vital bearings upon human health.

Where natural transformations are in no wise interfered with by art it is wonderful to see how processes involving productions inimical to health are so conducted as to be entirely consistent with vigorous existence. While decomposition is the rule, evil, therefrom under natural conditions is the exception. While, for instance, enough carbonic acid is produced each day to kill all the inhabitants of the earth, yet it is so well managed as not to interfere with the health of man as animal. But the very moment a spot comes to be builded upon it is by necessity placed in abnormal conditions.

The building clears the ground of that herbage which had no unimportant sanitary office in appropriating the products of decay. It covers it from sunlight and sun heat, and necessarily makes its condition as to these quite different. It interferes with the range of the winds, and modifies the immediate thermometric and hygrometric condition of the atmosphere. It throws the rain-fall into streams upon the ground around its sides, rather than allowing it to diffuse itself as it does in drops.

It is believed that one of the causes of the prevalence of such fevers as typhus and typhoid, in the winter, is that the greater inner heat of houses causes the currents of air from the surrounding ground to set to them, under the general law of currents as affected by heat. If the soil air is polluted by sewerage or only by the interruption of those processes which Nature has instituted for purifying it,

we are sharers in that contaminated air.

The fact of water in the ground is more apparent than that of air, but still its relations thereto are underrated in its sanitary bearings. There is a depth varying with the soil and locality at which the ground water is in general intended to fill up the space between earth particles. But in several feet of the ground nearest to the surface it is intended that the soil should have both air and water in circulation. Between them and heat there is a correlation and conservation which is conducted as wonderfully and as scientifically below ground as above it.

This condition, when uninterrupted, tends healthward, but when suspended contaminates the ground. The capacity of the ground for air is already shown, and by expelling the air from dried earth, or, in other words, by pouring into it water, we find its capacity for water. Such grounds as we are familiar with will thus take in fifty per cent. in volume of water, and even most marble will hold four per cent. The paper further states that in cities we need more dry-earth system. Perfect under drainage is the first great need of most cities. Regulations of cellars, and of all other holes below the surface is the next great study.

We must get the homes of the people on a better foundation than damp, water-soaked, air-polluted, filth-burdened ground.

Remarks on Dr. Hunt's paper were made by Professor Henry Hartshorne, of this city; Dr. John H. Rauch, of Illinois; Dr. Ray, of this city; Dr. Bell of New York, and Dr. John A. Stewart, of Baltimore. A motion made by Dr. Hartshorne that the paper should be referred to the Publication Committee, was carried.

Dr. S. C. Busey, of Washington, D. C., presented a report upon the gathering, packing, transportation, and sale of fresh vegetables and fruits, and the competent inspection and free markets for producers of the same.

AFTERNOON SESSION.

At the afternoon session Dr. Edwin M. Snow, Superintendent of Health, Providence, Rhode Island, occupied the chair. The first paper, by Dr. E. Harris, of New York, "A report upon the vital statistics, and the methods of public health administration in the cities and large towns of North America," was not read on account of its extreme length, but was referred to the committee for publication. Dr. Joseph M. Toner of Washington, D. C., then read an elaborate treatise on "Conditions and accidents which endanger, limit, or prevent vaccination from giving full protection from small-pox."

From this paper we make the following abstract:

Vaccinators in Great Britain are required to stand an examination as to their qualifications before receiving an appointment. I apprehend that great benefit would accrue to the people of the United States if the public vaccinators were appointed by state and city governments. I but assert the conviction of not only every medical man, but of every intelligent citizen, that a properly performed and successful vaccination, whether with humanized or animal virus, is as complete a protection against small-pox now as it ever was, and is a more perfect prophylactic than we possess against any other known disease.

Spurious Vaccination.—This general head may comprise all we have to say on deviations in the character of vaccine virus, and deviations from the normal course of the true protective vesicle. Perfectly good vaccine lymph, even in the primary vaccination, may produce a spurious pustule, and consequently secure no immunity from small-pox, and it is the duty of the vaccinator to remedy and detect this accident. If the papular state be hastened the vesicle will be illy formed, and the lymph opaque and unfit to use in propagating the disease, and does not promise complete protection. The centre of the vesicle in such a case is not well

defined, and the regular stages of the early development have been interrupted, and the areolar either does not form or is not of normal appearance. A condition must always be suspicious in the development of any undue itching set up about the second or third day. Where the papulæ assume a conoidal shape about the fifth day, and have a straw-colored or opaque lymph, or broken, ragged, weeping vesicle, with an ill-defined areolar about the sixth or seventh day, it can at once be pronounced as spurious. Vaccination may be retarded somewhat in its course, but I think it can never be accelerated beyond a day or so without destroying its protective character.

When the reading of this paper was concluded, Dr. Moreau Morris, of New York, said that the first point seemed to be how to get vaccine virus. So far as his experience extended he was satisfied that humanized lymph was equally protective with bovine. Concerning the collection of virus, its use, and its introduction, he referred to the mode of collecting virus used by physicians, and said that he believed that vaccine should be kept at an even temperature, and not preserved beyond a certain length of time. Physicians should be assured that the system had been thoroughly saturated with the virus before regarding the vaccination as protective.

Dr. Snow stated that out of five hundred children vaccinated by him only one had afterwards taken the small-pox.

Dr. Toner's paper was, on motion, referred to the Committee of Publication, after which Dr. Edwin M. Snow read a paper on the question: "Does Small-Pox become Epidemic?" After reviewing the apparent epidemics of small-pox which had visited American and European cities, from time to time, the Doctor said: It seems that we may safely conclude that the small-pox of the winter of 1872-73 did not possess the important characteristic of a true epidemic, of being widespread over the country at the same time. We understand by an

epidemic influence some cause of disease which is widespread in its effect upon the people, which is independent of the ordinary or sporadic cause or causes, and which in itself and by itself has some power toward producing disease. Take for illustration: When Asiatic cholera is truly epidemic there is widespread over the country an influence which, of itself, tends to produce cholera, and which, in connection with local causes, does produce it, and without which the cholera cannot exist, even though all the local causes may be present. Can we conceive of any influence that can be directly called, in connection with small-pox, epidemic? One hundred cases of small-pox occur at the present day without contagion, either direct or indirect. My conclusion is that the great prevalence of this disease in Philadelphia in the year 1871, and in other cities, from time to time, had no connection with any true epidemic influence, but was due solely to the great number of cases of disease existing at the same time in a crowded city.

The next paper was on the "Causation of Scarletina, with reference to the contagious and epidemic attributes, as illustrated in the course of that disease in the twenty-fourth ward of New York." Dr. C. F. Rodenstein, the author, stated that there would not be time to read the treatise. He then explained that by a series of experiments he had discovered in one locality that the disease was spread almost entirely by drinking water.

Benj. C. Miller, M.D., Sanitary Superintendent of Chicago, then briefly sketched his paper on the "Methods of Treatment of Gases from Rendering Tanks, and the Disposal of Tank Offal." He stated that if the progress in the future was equal to that which had been made in the past, there could be little cause for complaint against the packing-houses of Chicago. Adjourned.

THIRD DAY.

The association re-assembled at nine o'clock. President Stephen Smith,

M.D., occupied the chair. Dr. H. B. Baker, secretary of the Board of Health of Michigan, presented the association a portfolio containing specimens of poisonous wall-paper collected in different parts of the state. Prof. J. LeConte, of this city, said he was glad the subject had been opened, and called attention to the indiscriminate use of poisonous substances in agriculture. He thought the matter should be referred to a scientific commission.

Dr. John M. Woodworth said that every man of science in the United States viewed with horror the extent of this abuse. He moved that the Executive Committee should be requested to consider the propriety of appointing a special committee to confer and report on the subject. This was carried unanimously.

A communication from Dr. Francis Bacon, of Yale College Medical School, inviting the association to hold its next annual meeting at New Haven, Conn., was laid on the table.

It was announced that the subject of slaughter houses in large cities would be discussed some time this morning.

Stephen Smith, M.D., of New York, then read a paper on "The Reciprocal Relations of the Public Health Service and the Highest Educational Qualifications of the Medical Profession." From this we make the following abstract:

This review of the state of the medical art during the early periods of Roman history conveys a suggestive and useful lesson. If we were to search our statistics for evidences of the rank and position of the medical profession, as we search the Justinian code for substantial proofs of the position of the medical profession at Rome in different periods of history, we would find the highest conception of a physician to which American law had attained was defined by competent legal authority as follows: "The term 'physician' may be applied to any one who publicly announces himself to be a practitioner of this art, and undertakes to treat

the sick either for or without reward" (Ordronaux). We might very justly infer from this definition that medicine as a science and an art was unknown in this country, and that medical practice was placed on the same plane as the most common trade, and our conclusions from these data would not only be logically correct but they would be historically true. Before the law medicine has occupied the position of the most ordinary handicraft, and has been subject to the same legal restrictions and obligations. While the historian who consulted only our statute books might reasonably conclude that scientific medicine had no recognition and hence no existence in the United States for one hundred years, our literature and our institutions would give ample evidence of not only the existence of medical science and medical art, but of its activity. A more rational conclusion to which the philosophical historian would come would be that scientific medicine secured and maintained whatever rank it held by its own unaided efforts.

After expressing a hope that in future the term physician might be better defined than in the past, the Doctor continued: It requires but little penetration to discover that there is a growing confidence in American communities in preventive medicine. Public health service can never inspire the proper degree of confidence unless it is sustained by medical science and medical art, in their highest degree of development. This science requires an organization with every needed scientific appointment, which shall be capable of searching out all the hidden sources of disease, and be of service in warding off pestilence, or mitigating its severity. It will also seek out and correct all those conditions which tend to deteriorate the physical condition of each generation, which impair development and which diminish longevity. Its real efficiency and success must depend primarily upon the state of development of the medical sciences, the extent to which such service relies upon these sci-

ences, and in their application in practice. The relations between the two, health source and the development of scientific and practical medicine, were assumed by the writer to be reciprocal, inasmuch as they were so intimately related that it was impossible for the former to advance without a corresponding advance of the latter. The paper continued upon an elaboration of this statement, finally closing with a hope that the Centennial of American Freedom should also see the Centennial of Public Health Service, and mark its close union with an advanced medical profession.

Dr. Frederick R. Sturgis, M.D., of New York, followed with an exhaustive paper upon "The Relation of Syphilis to the Public Health," after which Dr. George M. Beard, of New York, presented a paper on "Hay Fever, or Summer Catarrh." This paper shows that, from facts which Dr. Beard has gathered, he is obliged to make deductions diametrically opposed to all existing theories respecting hay fever. He regards it a complex, and not a simple disease. The first factor is a nervous temperament. The second is heat following cold. The third factor is some exciting cause, as dust, cinders, hay (fresh mown), etc. None of these exciting causes are alone competent to produce hay fever. A person who has no predisposition to it cannot take the disease from any one of the exciting causes. Indigestible food may superinduce sick headache in persons with a weak stomach, but the same food will not give sick headache to those who are very robust. It is most frequent in persons of nervous and nervo-bilious temperaments, and is confined to the temperate zone. Nervous patients are more benefited by a trip South than consumptive patients. It is hereditary. There is no other disease of which the hereditary character can be more distinctly proved by statistics. It is peculiar to modern civilization. It is increasing steadily as nervous diseases are increasing. The symptoms of the dis-

ease are markedly of a nervous character. The suddenness of the symptoms, the instantaneousness by which they may be cured, all point to the nervous character of hay fever.

An important element in the production of the disease is, next to predisposition, heat following cold. Where heat is steady, as in the South, hay fever and all nervous diseases are rare. In the absence of predisposition the exciting causes are powerless to produce the disease. It may come on in a mild form by exposure to heat or confined air at any time of the year. Like other nervous diseases, it acts vicariously, and is benefited by the tonic influence of mountain and sea air. The remedies which are most beneficial in hay fever are mere tonics. The plan of treatment which the Doctor proposes is, first, to prevent the disease; the patient should early in the spring begin a course of tonic treatment. It is probable that such a treatment would have the effect, with many cases, of bridging over the season, or, at least, of making the attacks milder. When the disease appears the great dependence must be on local treatment, combined with tonics. The Doctor, after naming some medicines which might be administered, said the theory that infusoria in the nasal organs was the cause of this disease could not be proved. It had been shown that infusoria were found in the nasal organs at all times, and even if they were found during the progress of the disease, no one could prove that they were the exciting cause. It was the common boast of the hay-fever army that the disease was peculiar to the intellectual classes. They rejoiced that however terribly they suffer, they are at least in good company. It was certainly true that the majority of cases were of a finely organized type. They were simply the persons who suffer from nervous diseases of all kinds. Concerning the pollen theory he would only say that it was entirely untenable.

The Doctor concluded by recommending a course of tonic treatment

as a means of prevention, and if that failed, mountain air and local treatment as a means of cure.

John C. Peters, M.D., of New York, read a paper upon "The Stealthy Introduction and Spread of Infectious Diseases in Large Cities."

Influenza (the first disease mentioned in the paper), Dr. Peters said, has generally been regarded as the very type of an atmospheric affection, arising from some distemperature of the air, or from a special agent profusely developed in the skin, like ozone. But Parkes correctly concludes that influenza cannot be caused by a gas, for no gas could be spread very far or wide without extreme dilution, and utter dispersion and destruction. He also suggests that it cannot arise from any molecular matter driven through the air like the pollen or odor of plants, such as causes hay or rose catarrh. The conclusion is almost irresistible that the agent or cause of influenza cannot depend upon one primary and single origin. All the phenomena of its spread show that it must, in its transit, constantly and copiously reproduce itself, somewhat like the catarrhal poison of measles. There must be an incessant reproduction of the agent in each new place where it shows itself. This reproduction must either take place in the air or in the bodies of the sick. If it increases in the air, then some force successively changes the elements of the atmosphere, like in the formation of ozone, or else the increase is a vital one and constantly in the enormous development of some infectious substances.

To account for the mode and prolonged spread of influenza we must believe that the particles of the body pass off in myriads from each sick person, and either infect other persons in their immediate neighborhood while in a fresh and moist state, or else after they have dried up and become small and light, so that they can float through the air to greater or less distances and become revived by breathing or swallowing in other persons. A careful examination of

the history of the disease shows that the rapidity of its progress has often been exaggerated. Occasionally its advance has been very swift, yet not to such an extent as is commonly assumed, while sometimes it has even traveled slowly. It is said to have overspread Europe in six weeks, but more frequently it has required over six months. It has on some occasions taken weeks or months to spread from England to Scotland, but in 1832 needed no less than eight months to spread over Germany. Though proceeding in direct lines it does not always attack all points alike. In coming into cities it generally attacks a few families at first and then spreads rapidly. A vast amount of superficial observation has clouded over the real natural history of the disease.

The history of hay fever and dandy fever was then traced, and the Doctor continued: The West Indies may now be regarded as the focal area of yellow fever, whence it is distributed to other parts of the world, even including New Orleans, Mobile, Pensacola, and all parts of the United States. From 1674 to 1850 it had never been known in South America south of the river Amazon, doubtless because trade with the West Indies was then little carried on, but it had frequently appeared in the United States. It is permanently present in Cuba, St. Thomas and St. Domingo, doubtless maintained by the filthy habits of the natives and the heat and malaria of the climate. It has been sent from the West Indies to Barcelona, Gibraltar, Lisbon, Oporto, France, and even directly to England. It is generally communicated to ships by persons and clothing, but especially by the filthy water and mud of yellow fever ports soaking into the holds of vessels. Its infectious nature at times becomes one of its most destructive features.

Typhus, typhoid, and relapsing fever, measles, scarlet fever, whooping cough, small-pox, and cholera, were then briefly considered, and concluded the paper.

On motion, Dr. Peters' paper was

referred to the Publication Committee. A paper upon "Suicide in large cities, with reference to certain sanitary conditions which tend to prevent its moral and physical causes," by Allan McLane Hamilton, M.D., of New York, was referred to the Publication Committee, without its being read.

The Association then adjourned to 3 o'clock.

AFTERNOON SESSION.

The Association re-assembled at 3 o'clock, Dr. Edwin M. Snow in the chair.

The first paper read was upon "The influence of the high altitudes and climate of the tableland country of the Rocky Mountain region upon health and disease," by B. E. Fryer, M.D., surgeon of the United States army. The Doctor states that, in connection with the subject of health, the meteorology of the whole region is of peculiar interest. The annual rainfall in the eastern portion of it will not probably average over twenty inches, and diminishes westward until the mountains are reached, near which it will not average much more than ten inches annually. Fogs are very infrequent and of short duration. The winds have considerable force more or less continuously; this is specially the condition in Western Kansas and Eastern Colorado, though it applies to the whole region. The temperature of the high altitudes is not so low as might be expected. At Fort Walker, in Kansas, at an elevation of 1856 feet above the sea, the mean temperature is 51° Fahr. The temperature of the lower levels of the eastern part of the plateau may and often does reach 105° Fahr. in summer, but the heat is rarely oppressive. This will be readily understood when remembering the small amount of moisture in the atmosphere and the consequent rapid surface evaporation. Winter, in the latitude of Kansas and Colorado, rarely commences till the middle or end of December, and spring generally appears at the end of February. Ozone is

believed to exist in large quantities in the atmosphere of the plateau region, though no observations as to this were made, or were obtainable.

Among the diseases that are of rare occurrence may be included those of malarial origin, with the exception of the valleys of the streams in the lower levels of the plateau, and not often there. Ordinary scrofulous troubles are unknown, and diseases of the joints and bones almost so. Inflammation of the lungs, contrary to what is generally believed, is far from being infrequent. Over a large portion of the greater altitudes of the Rocky Mountain region and in New Mexico, and some parts of Colorado, it has several times assumed almost an epidemic character. At the lesser altitudes, both pneumonia and erysipelas are of rare occurrence, and this is especially the case so far as the former of the two diseases is concerned. Neither asthmatic difficulties nor chronic bronchial troubles are of very frequent occurrence in the older inhabitants or native people. Among new comers, if there is an asthmatic predisposition, the disease will certainly be provoked. An entirely satisfactory hypothesis for this has not been framed. It is, however, believed that some peculiar cause exists other than that which might be referred to the necessarily increased action of the lungs, dependent on the elevation.

The Doctor, alluding to the popular belief that the Rocky Mountain region is beneficial to persons suffering from pulmonary complaints, says he is convinced the belief is an error. Many cases of phthisis sent there from the East were not only not improved, but made worse. The disinclination and inability of patients to take exercise was referred to as one cause of the ill effects of the change. All consumptives should be excluded from the higher altitudes. There are, however, at lower elevations, points where there are all the advantages of dry air with day after day of sunshine. This region is found in Kansas, a large portion of Colorado and

Southern New Mexico. The paper concludes with the assertion that although a healthy individual will, with proper care, gain in vigor at high altitudes, and certain forms of debility, without organic lesions, do well, persons suffering from pulmonary diseases should not ascend to the altitudes beyond three or four thousand feet above the level of the sea.

J. S. Billings, M.D., Assistant Surgeon of the United States army, presented an abstract of special reports by army medical officers on the effect of mountain climates upon health. The conclusions drawn from the statistics gathered in the West were similar to those arrived at by Doctor Fryer in making his researches.

Dr. A. N. Bell, of Brooklyn, N. Y., then read a paper on "Perils of the Schoolroom, which demand the attention of Educational and Sanitary Authorities." The paper consisted of reports of the condition of schools in Brooklyn, New York, and other cities, showing that, with few exceptions, the pupils of public schools in almost all cities were confined in ill-ventilated rooms, and exposed to the poisonous influences of impure air, malaria from bad drainage, etc. All the papers presented were referred to the Committee on Publication. A brief conference upon "Laws and Methods of the Public Health Service of the Different Cities" was then participated in by members of the association, after which the association adjourned until evening.

EVENING SESSION.

Hon. L. H. Steiner, M.D., of Maryland was next introduced. His discourse was upon "Health, a Prerequisite of National Success in Peace and War." His address urged the subject of health upon the National Government as of paramount importance. Every hour of sickness is so much pecuniary loss to the nation. If all this could be computed, the value of good hygienic regulations could be understood. It is a terrible period in the history of a nation when its citizens commence to disregard

the regulations of bodily health. In times of peace healthy minds are requisite for the advancement of the country in the path of civilization, and in times of war for the promotion of the physical and mental strength of contending armies. A legitimate deduction is that it is incumbent upon the Government to enact laws regulating the sanitary condition of the cities and towns, and to spread such information before the people as will aid in securing the greatest possible prevention of disease.

Dr. Agnew was next introduced. While he was aware of the duties of individuals, the public, and the Government, in providing ample accommodations for the sick, he thought the management of hospitals should be so regulated that so far as consorts with the welfare of the sick, the hospital doors shall be thrown open to the medical profession.

Resolutions of thanks to Messrs. Eaton and Steiner were adopted, and the meeting adjourned.

FOURTH DAY.

The last session of the annual meeting of the American Public Health Association began at 11 o'clock. The attendance was quite good. President Stephen Smith, M.D., occupied the chair. A number of gentlemen, whose names had been submitted to the Executive Committee, were elected to membership.

The Association then went into an election for officers. The present presiding officer, Stephen Smith, M.D., of New York, declined the compliment of a renomination, which was tendered, and the election resulted as follows:—

President, J. M. Toner, M.D., of Washington; First Vice President, E. M. Snow, M.D., of Rhode Island; Second Vice President, Professor Henry Hartshorne, of Philadelphia; Secretary, Elisha Harris, M.D., of New York; Treasurer, John H. Rauch, of Illinois. Executive Committee, J. S. Billings, United States Army; Stephen Smith, New York; Moreau Morris, New York; J. J. Woodward,

United States Army; James A. Steuart, Baltimore, and A. N. Bell, New York.

A resolution instructing the Executive Committee to enter into communication with the health boards all over the country as to quality and

condition of water, and the general sanitary condition of the cities which they represent, with a view of obtaining a full knowledge on this subject, was passed, and after disposing of some unimportant matters, the Association adjourned *sine die*.

Gleanings from Our Exchanges.

THE TREATMENT OF PERTUSSIS BY INHALATION.

IN the *Boston Medical Journal* dated April 20th, 1871, appeared an article by John J. Caldwell, M.D., of Brooklyn, N. Y., entitled "A new and Successful Treatment of Pertussis." The treatment recommended was the following:

B Fl. ext. Belladonnæ, *m* v. to x.
Potass. Bromid., ℥i.;
Ammon. Bromid., ℥ij.;
Aquæ, ℥ij. M.

Inhale one tablespoonful in the ordinary steam atomizer.

Several successful cases were reported.

In a subsequent number of the same journal Dr. J. W. Spooner reports the following additional successful cases:

CASE I.—April 1st. A boy of fourteen has had the disease for two weeks. The cough has been severe and the whoop well marked. Vomits after nearly every meal. The next record is April 5th, which is as follows: Patient has been at the office daily and used the atomizer. His cough has been less since the first inhalation, and he has whooped but once. The vomiting has ceased, and there is present but a slight cough, which is not distressing.

CASES II. and III. were two children (brother and sister) aged fifteen and twelve. Well-marked symptoms of whooping-cough had been present for two weeks. The same remedy was used for four days, under my supervision, with decided abatement of

symptoms. As they were improving, I lent them a hand atomizer, which I afterwards understood they used only for a day or two. The cough lingered for several weeks in both cases, although the whoop was never well marked after the use of the atomizer. In fact, during the latter period, the disease seemed to be a simple bronchitis and nasal catarrh, the result of a series of colds, as the patients were very imprudent.

CASE IV.—A child of three years had a cough, with febrile symptoms for ten days. Yesterday, for the first time, had a decided whoop. Vomited every meal to day. Face is swollen, eyes congested, and, this morning, lids adhered from excessive secretion. The atomizer was used twice daily. Improvement commenced at once. From that date there was no vomiting, the countenance resumed a natural appearance, and at the close of the week the whoop had ceased, and in less than a fortnight not the least trace of the disease was present.

This, then, is the result of my treatment of pertussis by inhalation. When the disease is at all severe, I use the atomizer twice daily until the urgency of the symptoms is relieved, and then continue it once daily until the cough has entirely disappeared. In some cases I have somewhat varied the proportion of the ingredients, but have made no essential departure from the formula given.

KLEIN ON THE ANATOMICAL CHANGES IN TYPHOID FEVER (*Medical Times and Gazette*, Oct. 24, 1874).

—Dr. Klein, of the Brown Institution, has lately made some interesting observations on the above subject. Sections of the hardened ileum of typhoid patients show, according to him, that an active absorption of peculiar organisms goes on in the mucous membrane of, and especially around, the Peyer's patches. These organisms are carried thence into the lymph-canals and the vessels of the mucous membrane.

In the earliest case which he examined, where death had occurred on the seventh day after the first appearance of headache, the crypts of Lieberkuhn were found to contain peculiar greenish-brown spheroidal corpuscles of very variable size, the largest twice or three times as big as a human red blood-corpuscle, the small ones only half or a quarter as large. When the bodies lie closely grouped together, as is generally the case, they appear of a dark olive-green color; and the corpuscles at the edge of such masses, or where they are completely isolated, exhibit transitional forms, due to incomplete subdivision. Similar corpuscles are found in the tissue of the mucous membrane, where they appear to be contained in the lymphoid cells of the adenoid tissue. The minute veins, and also some of the lymphatic vessels, contain large numbers of them, and in the former they subdivide rapidly, so as to form greenish-yellow granular micrococci, arranged in groups of two or four, as well as in rings and other figures. The micrococci have their origin in a mycelium whose filaments are branched and apparently smooth, and of a greenish-yellow color. These organisms occur not only in the neighborhood of Peyer's patches, which are moderately swollen, but also in parts of the mucous membrane which to the naked eye show no alteration except slight general swelling, although, microscopically, the follicles of the patches in one case were found to have undergone the following changes: The

central part of the follicle, especially where it lies in the submucous tissue, was converted into a spongy substance by the formation of spaces around its blood-vessels, their wall consisting of the adenoid tissue with which the latter are sheathed. The lymphoid cells of this tissue were converted into large granular bodies containing two to five or even more nuclei, which greatly resembled the nuclei of the endothelial cells. In several of the follicles true giant cells were seen.

In a later stage (twelfth day) the mucous membrane itself showed somewhat similar changes, and the multinuclear lymphoid cells were found in its venules and in those of the submucous tissue, as well as in the lymphatics of the latter. Dr. Klein is unable at present to give a decided opinion whether the above alterations are directly dependent on the presence of the micrococci, or whether they must be considered as secondary to changes in the vascular system. The passage of micrococci inwards from the free surface of the intestine can be traced through the epithelium into the substance of the mucous membrane, and especially towards the crypts of Lieberkuhn; and this occurs in parts which are some distance from the swollen Peyer's patches, and which appear nearly or quite unaltered to the naked eye.—*Boston Medical and Surgical Journal*.

SCARLATINAL WAVES.—*The British Medical Journal* of October 17, 1874, in an editorial on this subject, states that the scarlatinal wave for a year is nearly always at its lowest point in spring, and at its highest late in autumn, usually in the months of April and November. This may be called the annual wave, and varies but little in its course, whether the disease be epidemic or not. An examination of the deaths in the metropolis (London), recorded during thirty-two years, shows that the *lowest* point in each year was reached, on fifteen occasions, between the tenth

and fifteenth weeks, and in nine others between the fifteenth and twentieth weeks; that the *highest* point in each year was reached, on sixteen occasions, between the fortieth and forty-fifth weeks, and on thirteen between the forty-fifth and fiftieth weeks. The total mortality in the thirty-two years, during the five weeks which are included between the beginning of the eleventh and the end of the fifteenth week, amounted to 5,204 deaths, whilst during five weeks which are included between the beginning of the fortieth and the end of the forty-fourth week in the same year, the deaths amounted to no less than 12,172.

Another wave, which may be called the *periodic*, may be represented by a line connecting together the mortality from the disease in each year, and indicates the years in which it is epidemic or non-epidemic. An examination of the mortality of each of the thirty-four years ending Dec. 31, 1873, shows that the disease was epidemic in 1840, 1844, 1848, 1852, 1854, 1858-59, 1862-64, and 1868-70; whilst the smallest mortality occurred in 1841, 1846, 1851, 1857, 1861, 1867, and 1873. It is, therefore, evident that the curve of the descending is much more gradual than that of the ascending wave, as the epidemic takes a longer time to subside than to rise again. The almost uniform recurrence of the disease as an epidemic, after three years of comparatively small mortality, is very noticeable in the figures just quoted.

What are the causes of this periodical increase in the height of the scarlatinal wave? Does it arise from seasonal influences, or other causes at present unknown? To this we can only reply, at present, that the careful comparisons made by Dr. Tripe in 1848, and by Dr. Richardson some years afterwards, show that a temperature below 44-6° Fahr. corresponds with the spread of scarlet fever, whilst a temperature above that point is coincident with an increase in the mortality; also, that the greatest mortality in the year occurs when the tempera-

ture ranges between 49-6° and 56-9°, but that the movement in the mortality does not occur in the same ratio with the increase in the temperature. This latter conclusion might have been expected from the comparative regularity with which the disease assumes an epidemic form every four years, whilst there are not, so far as we know, any corresponding sequences in any of the atmospheric phenomena. There is one important consideration respecting scarlatina, as well as small-pox and other eruptive diseases which occur ordinarily only once in a person's life, which must not be forgotten, viz., that in the interval between one epidemic and another a number of children are born who are susceptible to the disease from not having had it, and the epidemic may chiefly take its origin by the disease occurring in localities where there are many children unprotected, and thus spread rapidly to persons in the immediate vicinity. This can hardly explain its periodicity, although it accounts for the greater number of cases when the outbreak occurs.—*Boston Medical and Surgical Journal*.

PROF. ESMARCH recently attended a meeting of the Clinical Society of London, and gave a very interesting account of his method of controlling hæmorrhage, together with some reports of cases in which he had seen gratifying success attend its uses. Out of three hundred cases in which the method has been employed by him, no evil result has followed in any one. His cases had done better, he said, than those treated antiseptically, and with the ordinary means of controlling hæmorrhage.

INJECTIONS OF COD-LIVER OIL FOR ASCARIDES.—The *Journal des Connaissances Medicales* publishes a communication from Dr. Szerleki, of Mulhouse, on a case of irritation of the anus and adjoining parts, which was very greatly relieved by injecting an ounce of cod-liver oil into the rectum.—*The Obstetrical Journal*.

Book Reviews.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by H. Von Ziemssen, Prof. of Clinical Medicine, Munich, Bavaria. Vol. I, *Acute Infectious Diseases*, by Prof. Liebermeister, of Tübingen, Prof. Lebert, of Breslau, Dr. Haenisch, of Griefswald, Prof. Heubner, of Leipzig, and Dr. Oertel, of Munich. Translated by R. H. Fitz, M.D., and Chas. P. Putnam, M.D., of Boston; Arthur Von Harlinger, M.D., of Philadelphia; James T. Whittaker, M.D., of Cincinnati; Edward W. Schauffler, M.D., of Kansas City; and Francis Delafield, M.D., Horatio Bridge, M.D., Thos. E. Satterthwaite, M.D., Lewis A. Stinson, M.D., J. Haven Emerson, M.D., and Normand Smith, M.D. of New York. Albert H. Buck, M.D., New York, Editor of American Edition. New York: Wm. Wood & Co., 27 Great Jones Street. 1874.

The above is the title page to the first volume of a new *Cyclopedia of Practical Medicine*, to be completed in a series of similar volumes. It is a volume of 700 large octavo pages, on good paper, plain type, and a good style of cloth binding. The publishers of this American edition have done their part of the work in a highly creditable manner.

So far as we can judge the translators have also performed their respective tasks well. The subjects embraced in this volume are: Typhoid Fever, by Liebermeister; Relapsing Fever, Typhus Fever and Cholera, by Lebert; the Plague, by Liebermeister; Yellow Fever, by Haenisch; Dysentery, by Heubner; Epidemic Diphtheria, by Oertel. These subjects are treated fully and ably, as would be expected from the high reputation of the

writers. And to all practitioners who desire a work of reference that will give them a reliable view of the present status of Special Pathology and Therapeutics in Europe, we freely commend this work, so far as the present volume may be regarded as representative of those that are to follow.

It is not adapted for use as a textbook for students, neither could we commend unreservedly all the views advanced in reference to the treatment of the several diseases above named.

The statement of Dr. Liebermeister that the great object of treatment in Typhoid Fever is to reduce the temperature, and that it makes but little difference what means are chosen for that purpose, provided they are efficient, appears to us indicative of a very narrow view of the essential pathology of the disease, as well as too little regard for differences in the *modus operandi* of medicines. Neither will our personal observation quite justify the idea that from scruple to drachm doses of quinine, even when repeated only every second day, are entirely safe in all cases of typhoid fever. It is no part of our present purpose, however, to criticise the views of any of the writers in the volume before us, but simply to announce its publication and strongly commend it to such of our readers as desire a more complete work for reference than is afforded by any of the individual works on practical medicine accessible to them.

